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CONFIRMATION NO. 7233

Bib Data Sheet

SERIAL NUMBER 10/629,404	FILING OR 371(c) DATE 07/29/2003 RULE	CLASS 606	GROUP ART UNIT 3734	ATTORNEY DOCKET NO. 2491 US
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APPLICANTS

David E. Booth, Wyomissing Hills, PA;

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

10/27/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>C. E. Booth</u> Examiner's Signature	Initials			

ADDRESS

26356

TITLE

Surgical knife

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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